



# FACING IOWA'S DRUG PROBLEM

## ISSUE UPDATE FOR IOWA FAMILIES

*from U.S. Senator Chuck Grassley*

FALL 1998

Nothing compares to the "spirit of Iowa." Celebrating a way of life unique to rural America, Iowans saluted 150 years of statehood in 1996 with a carefully orchestrated calendar of sesquicentennial activities. On the brink of a new century, Iowa stands ready to pass its rural heritage, commitment to education, family-friendly communities, and deep-seated work ethic to future generations.

Iowans take pride in their family-oriented neighborhoods and Main Street store fronts. Iowa businesses, academia and agriculture stay on the cutting edge of high technology, advanced medicine, sophisticated financial and insurance services, biotechnology, and quality manufactured and value-added products. Record-low unemployment and decreasing welfare rolls help paint a vibrant economic picture.

But in recent years, Iowa's pastoral backdrop has become a primary destination for illegal drug trafficking. Using Iowa's transportation corridors to peddle an illicit drug called methamphetamine, drug pushers pump their poison across the state, infiltrating Iowa's smallest farm communities. As a life-long Iowan, I am increasingly disturbed about its devastating impact on our state. It threatens the social fabric of our rural towns, suburban communities and inner cities.

Mounting evidence reveals that a flourishing drug trade exists between Mexico and Middle America. The methamphetamine pipeline attracts local drug dealers for fast, easy cash and lures users because it's affordable, accessible and packs a powerful, long-lasting high. Alarming, an investigator recently told me that getting meth in Iowa was easier than buying a loaf of bread. This highly dangerous, addictive stimulant disrupts homes, schools, workplaces, hospital emergency rooms, and the courts.

Even as Iowa's #1 advocate, I can't turn a blind eye to this devastating development in my home state. As a senior member of the Senate Judiciary Committee and chairman of the Senate Caucus on International Narcotics Control, I'm working to develop a multi-faceted assault on production, trafficking and demand.

My plan begins at the border to beef-up and better coordinate efforts to stop drugs before they enter the U.S. That includes measures to head-off the Mexican drug cartels who exploit immigrants. Organized meth dealers appear to set up their networks in Iowa's growing Hispanic neighborhoods.

When meth slips through the pipeline, Iowans need to pull together to keep the drug from destroying their families and hometowns. For that, communities need resources. That's why I worked last year to make federal matching grants available to local drug-fighting efforts, including

community anti-drug coalitions. Now the law of the land, the *Drug Free Communities Act* moves money spent by the federal bureaucracy to local community initiatives.

Another disturbing consequence of meth production includes environmental damage. Although more meth is being pumped in from Mexico, the homegrown variety keeps Iowa law enforcement as busy as ever. Last year, authorities busted 63 clandestine lab sites. That's double the previous year. Authorities project that number to reach 200 this year. To help states respond to the hazardous waste left by these local labs, I am working to obtain federal funding for environmental clean-up. What's more, I will seek more federal dollars for the Midwest High Intensity Drug Trafficking Area (HIDTA) program that I helped establish last year. HIDTA creates a regional force to better coordinate against drug trafficking, manufacturing and distributing.

To successfully attack this illegal drug trade, we must first admit it exists. Let's focus the "spirit of Iowa" on community efforts to per-

manently erase methamphetamine and other brain addictive drugs from Iowa's landscape. For almost two years, I have worked closely with Iowans to develop Iowa-specific strategies to fight the growing drug problem. Our effort is called the Face It Together Coalition, or FIT. We gathered input from thousands of Iowans at 21 anti-drug town meetings I held throughout the state earlier this year.

Most of these public

forums became standing room only events. We listened to parents, educators, students, business, labor, community, and religious leaders, law enforcement officials, health care providers, youth leaders, and members of the media.

Tapping the pulse of our hometown communities, I also solicited input from each of Iowa's 947 mayors. Of those who responded, 83 percent acknowledged their community has a drug problem, yet only 35 percent say they have an organized anti-drug coalition to fight the problem.

Concerned Iowa citizens, including a 10th grader recovering from drug addiction, joined me on August 27 in a six-city tour across the state to focus attention on Iowa's drug problem and raise awareness about community anti-drug strategies. Working side-by-side, we can make Iowa a drug-free place to work and raise a family. This newsletter is intended to answer many commonly asked questions about Iowa's growing drug problem and to engage more Iowans to get involved.



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Senator Chuck Grassley meets with Iowans at the Burlington Memorial Auditorium in April during a series of 21 anti-drug public forums he conducted across the state. Thousands of concerned Iowans turned many of the meetings into standing room only events.

Sincerely,  
  
Chuck Grassley  
U.S. Senator, Iowa



# FACE THE FACTS

## METH AND IOWA

**FACT:** According to the U.S. Drug Enforcement Administration, Iowa has one of the highest per-capita meth consumption rates in the U.S.

**FACT:** Iowa law enforcement officials say the “street value” of meth averages \$14,000 per pound and \$100 per gram (1 gram = 4 hits).

**FACT:** The Iowa Division of Narcotics Enforcement (DNE) reported 31 meth lab seizures in 1996; 63 labs in 1997; and 136 during the first 8 months of 1998.

**FACT:** In FY 1997, the Iowa DNE seized 61.6 pounds of meth, up from 35.8 pounds in FY 1996. In FY 1998, the DNE reported 195.91 pounds of meth seizures.

**FACT:** According to a 1996 survey of law enforcement agencies, meth was deemed either the “most problematic” or the “second most problematic” illicit drug by 88 percent of Iowa law enforcement officials.

**FACT:** Treatment of admissions of Iowa youth under age 18 for methamphetamine addiction increased 463 percent from 1993 to 1997, according to the Department of Public Health.

**FACT:** Every child by the time they reach age 16 will be confronted with making a conscious choice about whether or not to use drugs, according to the National Center on Addiction and Substance Abuse.

## What Is Meth?

A synthetic, highly addictive stimulant affecting the central nervous system, meth is produced with precursor chemicals, including ephedrine, pseudoephedrine and hydriodic acid. The major components of hydriodic acid, iodine and red phosphorous, are used to crystallize meth during the production process. Local makers fashion homemade meth labs and even can use over-the-counter medicines, household cleaning agents and farm chemical supplies to manufacture the dangerous drug.

## Who Uses Meth?

A potent form of “speed” possessing a dangerous dosage of mind-altering chemicals, meth lures both white- and blue-collar workers, young adults who seek instant energy for sports and recreation, and those who use it to suppress their appetites. The exponential growth in meth use in Iowa cuts across economic and social lines. In Iowa, truck drivers, factory and construction workers, white collar workers, and students are attracted to the eye-opening stimulant. Responding to the demand, Mexican drug traffickers are targeting Iowa as a primary destination to dump their dope. Powerful drug cartels set up sophisticated networks in Iowa communities to reach thousands of addicted users. Profits are huge. Iowa’s largest bust to date netted 37 pounds of meth worth \$1.7 million.

Traffickers from Mexico are known to dominate the industry and often depend on immigrants to serve as drug runners to distribute their product. In Iowa, law enforcement officials are seeing a major increase in meth-related arrests. As one deputy sheriff in Iowa noted, meth use “is growing explosively.” Iowa law enforcement officials also report an unfortunate aftermath from the surge in meth use: a notable increase in domestic violence and other crime trends.

*“...[Methamphetamine] is the most malignant brain drug on the planet...methamphetamine addicted patients...are psychotic, they are paranoid, they are hallucinating, they are suicidal, and they are violent...we are going to have a lot more issues, psychiatric illness, years from now with people that are on meth right now...”*

– Dr. Michael Abrams, Director of Combined Medical Specialties, Broadlawns Medical Center, Des Moines, April 1998

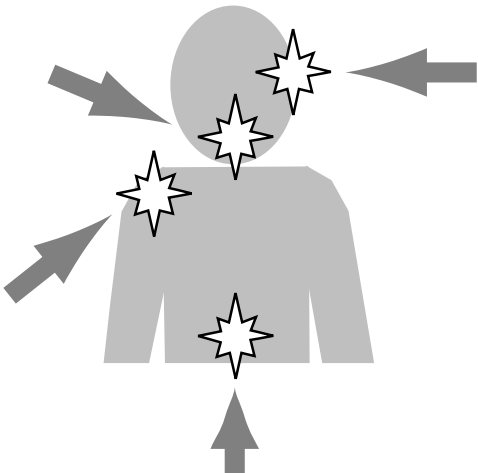
## How Does Meth Affect Users?

### Meth causes brain, heart, liver, and kidney damage

Swallowed, snorted or injected, meth can cause insomnia for several days at a stretch, it initially induces euphoria and high-energy, but later leads user to paranoia, violent behavior and deep depression.

It also causes body sores, which can become inflamed by paranoid users who believe bugs are crawling on them.

Meth mothers risk giving birth to a dead, premature or congenitally malformed newborn. During the infant’s formative months, methamphetamine use by the mother increases the likelihood for abnormal development of internal organs, especially the brain. A newborn may experience “withdrawal” symptoms; normal release of the brain’s chemicals, dopamine and serotonin, may be altered affecting the baby’s appetite, sleep and disposition. A “crank baby” later may suffer impaired motor skills; hyperactivity; or, learning disabilities. Long-term consequences: babies born to meth users are likely to experience continued exposure to meth during childhood. Some evidence indicates a correlation exists between prenatal exposure to meth and second-hand postnatal exposure. This raises risk of “generational addiction syndrome.”

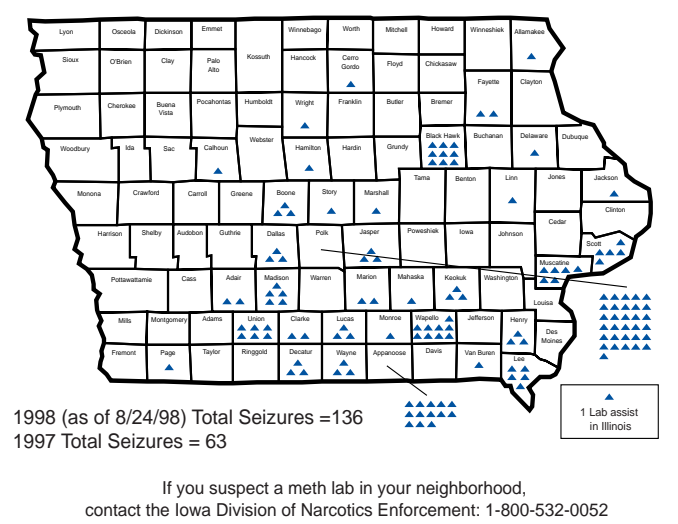


Disrupts production of natural brain chemical dopamine, which directs movement, thought and emotion in human beings. Over time, the use of meth seriously alters the brain and causes psychotic, violent reactions much faster and at a much lower dosage than cocaine use. The molecular structure of meth stimulates the brain. Heavy meth users experience “Rush-Tweaking-Crash,” or “RTC.” The “rush” stage includes euphoria, instant energy and insomnia. When users advance to the “tweaking” stage, they come down from a euphoric state and may experience excessive/compulsive behavior. Such users may dig at their faces for hours, grind their teeth and chew their fingernails down to nothing. In the “tweaking” stage some meth users may exhibit paranoia and violent behavior. Other side effects include suppressed appetite, hair loss, and teeth may fall out due to grinding and/or lack of nutrition. Meth users will “crash” after a 24-36 hour “high.”

## Where Is Meth Produced?

Although most of Iowa’s meth is shipped in from Mexico and the Southwest, the homegrown variety continues to be a serious threat. Mobile homes and vacant barns off-the-beaten-path are desirable locations for lab operators to make batches of meth, out of sight and smell of law enforcement. Meth production releases a foul odor and the flammable materials make for a volatile situation during manufacturing, bearing danger of chemical fires and explosions.

IOWA DEPARTMENT OF PUBLIC SAFETY  
**1998 Clandestine Methamphetamine Laboratory Seizures**  
BY COUNTY



Even worse, the production leaves toxic residue behind for property owners, law enforcement, environmental agencies, and taxpayers to reckon with. In effect, not only does meth threaten human life when consumed, but also manufactured, as it leaves hazardous resins that contaminate natural and agricultural resources.

## Look for Warning Signs

Parents, teachers, employers, friends, relatives, peers, and co-workers can make a critical difference in the life of a user. Law enforcement authorities also plead with citizens to report suspicious activities in their neighborhoods. Getting involved will save lives. Check for the following warning signs.

- Personality Changes: anxiousness; nervousness; incessant talking; moodiness; irritability
- Physical Changes: pupil dilation; impaired speech; sweating; itchy skin; teeth grinding; acne; insomnia; weight loss
- Emotional Changes: severe depression
- Behavioral Changes: repetitious behavior, picking at skin or pulling hair; aggressive or violent behavior

Hands down, Iowans who participated in my town meetings and responded to our FIT survey agreed parents are paramount. Don’t take anything for granted. You can help prevent your child from making the wrong choice or succumbing to negative peer pressure. Follow these guidelines to help your children stay drug-free.

- Get involved in their lives.
- Help them with their homework.
- Attend their extracurricular activities.
- Involve them in church activities.
- Sit down and have dinner together...with the TV off.
- Spend time with your children and their friends.
- Speak openly and often with kids, teaching them that drugs are harmful.
- Educate yourself about causes and signs of use. The world of addiction has vastly expanded for today’s kids to include more and stronger drugs than were available in the 1960s and ‘70s.

## It’s Everybody’s Problem Develop Anti-Drug Strategies, Community by Community

We all lose if we consider the drug issue somebody else’s problem. The federal government can’t fix the problem alone. Law enforcement can’t do it alone. Schools can’t do it alone. Local community anti-drug coalitions can help mobilize citizens in Iowa to unite and lead local anti-drug initiatives in their homes, places of work, churches and synagogues, and neighborhoods. I organized a 21-member citizen steering committee to help guide this effort. Six individual task forces met regularly to develop specific proposals to create the nation’s first-of-its-kind statewide anti-drug community coalition in Iowa. The following list outlines the most important and the most feasible anti-drug strategy developed by each task force.

- **Parents, Youth, Schools**

- Most Important:* Develop a model for how community anti-drug teams could work in Iowa schools.
- Most Feasible:* Distribute statewide the booklet, Marijuana: Facts Parents Need to Know.”

- **Media and Public Perception**

- Most Important:* Find and distribute localized data community by community.
- Most Feasible:* Identify or develop a web site to reach kids.

- **Workplace and Workforce**

- Most Important and Most Feasible:* Create drug-free workplace models for different sized companies.
- Also Recommended:* Conduct parent training in the workplace, where they are a more captive audience.

- **Law Enforcement and the Courts**

- Most Important and Most Feasible:* Develop a model for how law enforcement and schools can work together.

- **Religious, Fraternal, and Community**

- Most Important and Most Feasible:* Distribute talking points for anti-drug sermons and Sunday school curriculum.

- **Medical Accuracy and Research**

- Most Important and Most Feasible:* Make educational materials more available in doctors’ offices and clinics.

Each task force developed tangible anti-drug strategies; and we canvassed thousands of Iowans to rank the importance and feasibility of each task forces’ best ideas. We recognize each community has its own unique obstacles and challenges. Local anti-drug coalitions that pull all segments of community life together can work to develop the most effective, long-term anti-drug strategy.

# Face the Problem and Get Involved

Ignoring the problem will not make it go away. In fact it will make it worse. At one anti-drug town meeting held at the school auditorium, hundreds of students and parents attended. Angry and frightened that drugs had infiltrated the school’s hallways, locker rooms and parking lot, they circulated a petition for school administrators to face up to the drug problem. Ironically, school administrators did not attend the meeting.

*“Our families are hurting. Our police, teachers, and treatment counselors are burned out. They can’t do it alone. We need citizens at every level to engage because there’s no such thing anymore as a ‘good family’ or a ‘drug-free workplace.’ Everyone is, or soon will be, touched by this. You’re giving us a good starting point. Then it will be up to us to stand together or fall together.”*

– Participant at one of Senator Grassley’s 21 statewide anti-drug public forums held in April in Mason City

Let’s face it. Quick and easy access to meth is a reality. As a result, our state faces a damaged environment, a strained public health system, and the financial pressure that drug trafficking and abuse puts on social, government and law enforcement systems. It will take a united message from elected representatives, law enforcement officials, parents, educators, substance abuse professionals, school guidance counselors, clergy members, and positive peer pressure to stop this threat. The coalition approach is viewed by many as the “only way” to get a handle on the escalating drug presence in Iowa.

## It’s Up to All of Us

You can make a difference in your community. First, build consensus. Develop an individual and community mind-set that drug use won’t be tolerated. Second, start a community coalition if one does not already exist. Use resources already in place to network with other Iowans, share ideas and gather steam to move forward. You need all the help we can get in this effort. Your community needs you.

To apply for up to \$100,000 in federal matching grant funds under the Grassley Drug Free Communities Act, contact the Office of National Drug Control Policy at [www.whitehouse.gov/ondcp](http://www.whitehouse.gov/ondcp). Or place a written request to be placed on the grant notification mailing list: Juvenile Justice Clearinghouse, P.O. Box 6000, Rockville, MD 20849-6000.

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| Face It Together (FIT) and the Office of Senator Chuck Grassley | 202-224-3744 | <a href="http://www.senate.gov/grassley">www.senate.gov/grassley</a>   |
| Iowa’s Safe Communities Program                                 | 515-281-5593 |  |
| Community Anti-Drug Coalitions of America                       | 800-54-CADCA | <a href="http://www.CADCA.org">www.CADCA.org</a>   |
| National Families in Action                                     | 404-248-9676 | <a href="http://www.emory.edu/NFIA">www.emory.edu/NFIA</a>   |
| Bureau of Justice Statistics Clearinghouse                      | 800-732-3277 | <a href="http://www.ojp.usdoj.gov/bjs">www.ojp.usdoj.gov/bjs</a>   |
| Public Housing Drug Elimination Program                         | 800-578-3472 | <a href="http://www.hud.gov/pih/programs/pihdrug.html">www.hud.gov/pih/programs/pihdrug.html</a>             |
| Drug Policy Information Clearinghouse                           | 800-666-3332 | <a href="http://www.ncjrs.org">www.ncjrs.org</a>   |
| Office of National Drug Control Policy                          |              | <a href="http://www.whitehousedrugpolicy.gov">www.whitehousedrugpolicy.gov</a>                               |
| National Clearinghouse for Alcohol and Drug Information         | 800-729-6686 | <a href="http://www.health.org">www.health.org</a>   |
| National Drug and Alcohol Treatment Routing Service             | 800-662-4357 | <a href="http://www.samhsa.gov/csac/csac.htm">www.samhsa.gov/csac/csac.htm</a>                               |
| National Institute on Drug Abuse (NIDA)                         |              | <a href="http://www.nida.nih.gov">www.nida.nih.gov</a>   |
| Governor’s Alliance on Substance Abuse                          | 515-281-4518 | <a href="http://www.state.ia.us/government/gasa/index.html">www.state.ia.us/government/gasa/index.html</a>   |
| Alliance for the Mentally Ill                                   | 800-417-0417 |  |
| Bureau of Narcotics Enforcement                                 | 800-532-0052 | <a href="http://www.state.ia.us/government/dps/dne/dne.html">www.state.ia.us/government/dps/dne/dne.html</a> |

Write on, Iowa! Senator Chuck Grassley • 135 Hart Office Building • Washington, D.C. 20510-1501 • (202) 224-3744 [chuck\\_grassley@grassley.senate.gov](mailto:chuck_grassley@grassley.senate.gov)  
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